

PA System of Care Expansion and Sustainability Letter of Interest

The Letter of Interest for the PA System of Care Expansion and Sustainability Cooperative Agreement does not commit a county to participate in the grant process, but does express the County's interest in learning more about the grant and starts the application process. Submission of a letter of interest does not commit either the county or the PA System of Care Partnership to work with each other and give or accept funding as a result of the submission.

County Name	Click or tap here to enter text.	
Designated Contact Person	Name	Click or tap here to enter text.
	Department	Click or tap here to enter text.
	Title	Click or tap here to enter text.
Designated Person Contact Information	Email Address	Click or tap here to enter text.
	Phone Number	Click or tap here to enter text.
	Mailing Address Line 1	Click or tap here to enter text.
	Mailing Address Line 1	Click or tap here to enter text.
	City	Click or tap here to enter text.
	State	Click or tap here to enter text.
	Zip Code	Click or tap here to enter text.

Attachment C

	Name	Email Address	
Name and contact information (email address) of the following who would be engaged with System of Care efforts:	Children and Youth Administrator	Click or tap here to enter text.	Click or tap here to enter text.
	Mental Health Administrator	Click or tap here to enter text.	Click or tap here to enter text.
	Chief Juvenile Probation	Click or tap here to enter text.	Click or tap here to enter text.
	Officer Human Services Administrator	Click or tap here to enter text.	Click or tap here to enter text.
	D&A Administrator	Click or tap here to enter text.	Click or tap here to enter text.
	Education Leader (superintendent, administrators, guidance counselors)	Click or tap here to enter text.	Click or tap here to enter text.
	County commissioners	Click or tap here to enter text.	Click or tap here to enter text.
		Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.		Click or tap here to enter text.	
Juvenile or Dependency Court Judges	Click or tap here to enter text.	Click or tap here to enter text.	
	Click or tap here to enter text.	Click or tap here to enter text.	
	Click or tap here to enter text.	Click or tap here to enter text.	
Please list any youth or family member who may be involved I planning. Check to identify youth or family.	<input type="checkbox"/> Youth Member <input type="checkbox"/> Family Member	Click or tap here to enter text.	Click or tap here to enter text.
	<input type="checkbox"/> Youth Member <input type="checkbox"/> Family Member	Click or tap here to enter text.	Click or tap here to enter text.
	<input type="checkbox"/> Youth Member <input type="checkbox"/> Family Member	Click or tap here to enter text.	Click or tap here to enter text.

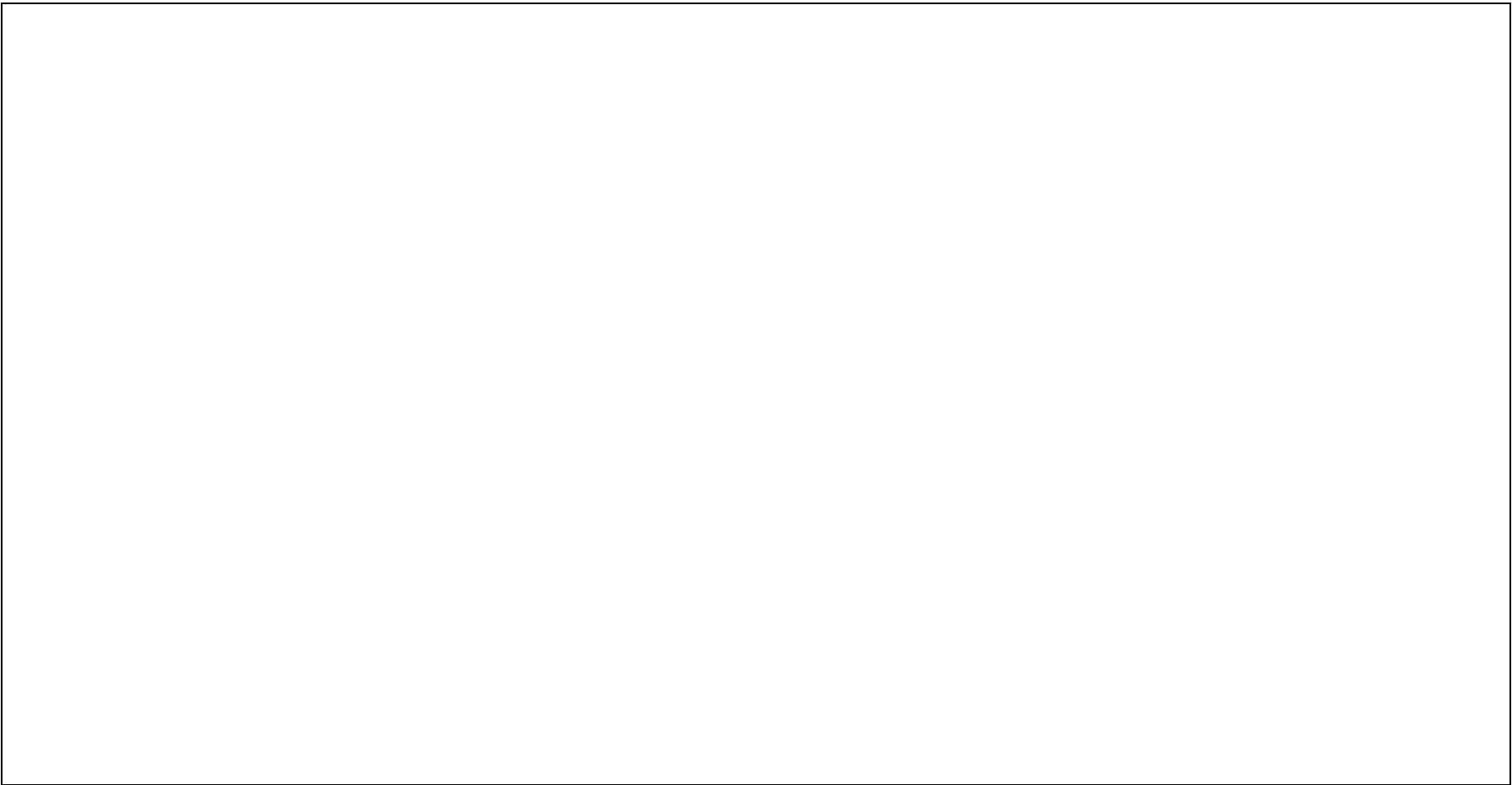
Attachment C

Please provide a brief description (between one and three pages) about why your county may be interested in becoming a System of Care County. This can include, but limited to the following:

- Family and youth/young adult voice
- Planning Process/Services
- Evaluation
- Reduction in out of home/increased community based and natural supports.
- System Integration
- Cultural and Linguistic Competence







Please submit Letter of Interest by February 15, 2018 to:
Mark Durgin, Project Director, PA System of Care Partnership
Cell: (717) 678-9166 Email: durginm@upmc.edu